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APPLICATION NO.	FILING DATÉ	FILING DATÉ FIRST NAMED INVEN			ATTORNE	ODČKET NO.	CONFIRMATION NO.
10/689,767 TITLE OF INVENTION:	10/20/2003	Mark Hamr		amm	1362	001-2033	4545
APPLN, TYPE	SMALL ENTITY	issue fee		PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510		\$300	\$	1810	05/02/2011
EXAMINER		ART UNIT		CLASS-SUBCLASS			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 3. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
	an assignee is identified be 137 CFR 3.11. Completion					ied below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE Boston Scientific Scimed, Inc.			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Maple Grove, Minnesota				
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Date April 21, 2011

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